

14) Style of Establishment: (Check only one)			
Bar	Gas Station Only	Liquor Store	Pharmacy/Retail Store
Convenience Store	Gas Mini-Mart	Membership Association	Restaurant (Bar Area)
Department Store	Grocery Store	Mobile Unit	Restaurant Only
			Other (specify):

Tobacco Sales Permit Application (continued)

15) Days and Hours of Operation:

16) Number of Employees Selling Tobacco Products:

17) Number of Cash Registers Where Tobacco Products are Sold:

18) Restricted Sale of Tobacco Products:

(Check all that apply)

Over the counter (customer asks clerk for product)

Adult-Only Establishments Holding an All Alcohol License (in accordance with Massachusetts Consumer Protection Laws) may also sell Tobacco Products via:

Self-Service Display (customer selects product)

Vending Machine *with lockout device*

19) Type of Tobacco Products Sold:

(Check all that apply)

Bidis Pipe/Loose Tobacco

Blunts Other Tobacco

Blunt Wraps Products

Chew Tobacco List: _____

Cigarettes List: _____

Cigars List: _____

ATTEST:

20) I have read, understand, and completed the Fairhaven Board of Health's 2007 Tobacco Sales Permit Acknowledgment and Checklist Form.

Initials _____

21) I understand that before a Tobacco Sales Permit will be issued, I must submit the following documents with this 2007 Tobacco Sales Permit Application.

Original 2007 Tobacco Sales Permit Acknowledgement and Checklist Form

Copy of my 2006-2008 Massachusetts Department of Revenue (MDOR)

Cigarette Retailer's License for this establishment location for all retailer's intending to sell cigarettes in New Bedford Massachusetts.

(I have attached the above documents to this application)

Initials _____

22) I will train sales staff/employees to conduct tobacco sales legally.

Initials _____

23) I understand that the Greater New Bedford Tobacco Control Program and the Board of Health will conduct periodic unannounced checks, to monitor tobacco retailer compliance with provisions of the Tobacco Control Regulation affecting "Youth Access to Tobacco Products" and applicable state laws.

Initials _____

24) I understand that illegal sales of tobacco products and/or egregious non-compliance with the Board of Health's Tobacco Control Regulations shall result in fines, and/or a temporary suspension or possible revocation of this permit.

Initials _____

25) I understand that this Tobacco Sales Permit is non-transferable by establishment owner or by location and expires each year on December 31st. A tobacco sales permit will not be

renewed if the permit holder has failed to pay all fines issued and the time period to appeal the fines has expired. Initials _____

26) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

✓ If owned by an individual: Social Security Number:

✓ If owned by an association, corporation, partnership, or other legal entity:
Federal Identification Number:

Pursuant to MGL c. 62 C, sec.49A, I certify under the penalties of perjury that the owner(s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this tobacco retail establishment will comply with the Board of Health Tobacco Control Regulation affecting "Youth Access to Tobacco Products" and all other applicable laws. I have been instructed that a copy of the regulation is available at the Fairhaven Board of Health Administrative Office and the Greater New Bedford Tobacco Control Program offices.

27) Authorized Signatory – *Print* name and title *clearly* and *sign* below.

Name: _____ Title:

Signature: _____

Payment is due with application.